

2874 / IFW  
Attorney's Docket No. 0115-050642

## TRANSMITTAL LETTER

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Serial No.: 10/528,953Filing Date: March 22, 2005Examiner: Sung H. PakGroup Art Unit: 2874

Invention: CONNECTOR DEVICE FOR THE DETACHABLE CONNECTION OF AT LEAST ONE LIGHT WAVE GUIDE TO AT LEAST ONE OPTOELECTRONIC COMPONENT AND METHOD FOR ASSEMBLY OF SUCH A CONNECTOR DEVICE

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small Entity Status is/has been asserted for this application under 37 CFR 1.27.  
☐ A verified statement to establish small entity status under 37 CFR 1.27 is enclosed.  
☒ No additional fee is required.  
☐ The fee has been calculated as shown below:

	No. of Claims After <u>Amendment</u>	Highest No. Previously <u>Paid For</u>	<u>Present</u> <u>Extra</u>	Small Entity <u>Rate</u>	Non-Small Entity <u>Rate</u>	<u>Charge</u>
Total	<u>19</u>	<u>20</u>	<u>0</u>	x \$ 25.00	x \$ 50.00	\$
Indep.	<u>1</u>	<u>3</u>	<u>0</u>	x \$100.00	x \$200.00	\$
First Presentation of Multiple Dependent Claim/s				+ \$180.00	+ \$360.00	\$
TOTAL ADDITIONAL FEE						\$

- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed to cover the additional fee.  
☐ A check in the amount of \$\_\_\_\_\_ is enclosed for a \_\_\_\_-month Petition for Extension of Time.  
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication to Deposit Account No. 23-0650. Please refund any overpayment to Deposit Account No. 23-0650. An original and two copies of this sheet are enclosed.  
☒ Any additional filing fees required under 37 CFR 1.16.  
☒ Any patent application processing fees under 37 CFR 1.17.

April 10, 2006  
Date

By

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 10, 2006.

04/10/2006  
Date

Signature

Chris P. Craig

Typed Name of Person Signing Certificate

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/04.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$180.00)**Complete if Known**

Application Number	10/528,953
Filing Date	March 22, 2005
First Named Inventor	Roger Krahenbuhl
Examiner Name	Sung H. Pak
Art Unit	2874
Attorney Docket No.	0115-050642

**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments
**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Small Entity
Fee (\$)
50
25
200
100
360
180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____	x _____	= _____	

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims
Fee (\$)
Fee Paid (\$)

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

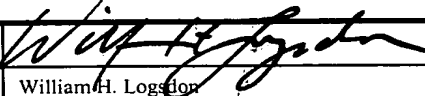
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement

Fees Paid (\$)
180.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	22,132	Telephone	412-471-8815
Name (Print/Type)	William H. Logsdon	Date	April 10, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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